## **Training Opportunities Program Section 30 Application**

The information requested on this form will be used to evaluate your application for the Training Opportunities Program/Section 30 benefits.

#### Steps for completing the application:

- 1. Read the Training Opportunities Program (Section 30) brochure carefully before completing the application. You can get a copy of this brochure at any One-Stop Career Center or download it from our website, www.mass.gov/dua/training.
- 2. Find approved training that will prepare you for the job market. You can receive assistance from any One-Stop Career Center, or search for approved training on JobQuest at www.mass.gov/jobquest.
- 3. **DUA does not fund training costs**. If you need financial assistance to pay for your training program, check with your One-Stop Career Center. If you are seeking funding through the One-Stop Career Center, it may take three weeks or longer for approval.
- 4. Once you have chosen your program and the school, you must complete the relevant sections in the attached form if you wish to apply for Section 30 benefits.
  - i. All applicants must complete Part A of the form.
  - ii. For vocational/technical or ESL, ABE or GED training: Part B information and agreement must be completed by an official at the Training Facility where you plan to attend.
  - iii. For college programs: Part C must be completed by the Registrar's Office at the college you plan to attend. A school seal or stamp is also required.
  - iv. For Distance Learning or Online programs: Either part B or C must be completed, or the equivalent information provided.
- 5 If you have any question about completing this form, or if you need interpreter's assistance, please call us at 617-626-5375 or TDD/TTY 1-800-439-2370 Monday through Friday from 8:30 a.m. to 4:30 p.m.
- 6. Make sure all the information on the application is correct. Missing, incomplete and/or inaccurate information will delay the processing of your application and the date your coverage begins.
- 7. Submit your application as soon as it is completed by your school or at least three weeks prior to the start of training. Return your completed application by mail or fax to: Department of Unemployment Assistance

Section 30 Unit 19 Staniford St., Boston, MA 02114 Fax: 617-727-1797

This form is used to apply for approved training while you are collecting unemployment insurance benefits. It is important to have it translated.

Настоящая форма предназначена для подачи заявления с просьбой разрешить прохождение профессионального обучения в период получения пособия по безработице. Необходимо иметь перевод этой формы.

Este formulario se usa para solicitar entrenamiento aprobado mientras recibe los beneficios del seguro de desempleo. Es importante que se traduzca.

Questo modulo viene usato per richiedere l'accesso a un corso approvato di formazione professionale mentre si sta riscuotendo il sussidio di disoccupazione. È importante tradurlo.

Este formulário é usado para a solicitação de válida instrução durante o período em que está recebendo beneficios de seguro de desemprego. É importante ter este formulário traduzido.

ក្រដាសនេះ តេប្រើសំរាបសុំឲ្យយល់ព្រមដើម្បីហ្វិត ហ្គឹងនៅពេលដែលអ្នកកំពង់ទទួលផលកំពុការធានា រាប់រង់នៅពេលគ្នាងការធ្វើ។ រាជាការសំខាន់ដើម្បី ឲ្យគេបកប្រែនូវក្រដាសនេះ។

ໃນສຳນວນນີ້ ໃຊ້ໄວ້ເພື່ອຍືນຮ້ອງຂໍອານຸຍາດເຂົ້າຮຽນວິຊາໃນລະ ຫວ່າງເວລາທີ່ທ່ານກິນເງິນປະກັນໄພ ເຫັວາງງານຢູ່ນັ້ນ. ມັນສຳຄັນ ที่ต้อาณปณีบนาสาใว้.

Yo itilize fòm sa a pou yo fè aplikasyon pou trening ki aprouve pandan ke ou ap resevwa asirans chomaj la. Li trè zenpòtan pou ou fè yo tradwi l pou ou.

Mẫu đơn này dùng để xin học huấn nghệ có sự chấp thuận trong lúc đang hưởng các quyền lợi bảo hiểm thất nghiệp. Nó cần phải được phiên dịch.

此表用於在領取失業保險金時申請經批准的 培訓。很重要、請繙譯。



**Commonwealth of Massachusetts Deval L. Patrick, Governor** Timothy P. Murray, Lt. Governor

Joanne F. Goldstein, Secretary **Executive Office of Labor and Workforce Development Judith L. Cicatiello, Director Department of Unemployment Assistance** 

## PART A: STUDENT INFORMATION (To Be Completed By Student) Social Security Number: Do you have a definite date of recall to work? ☐ Yes ☐ No If "yes", enter recall date: First Name Last Name M.I. Street Address City State Zip Code **Email Address** Telephone Number: Area Code STUDENT AGREEMENT (Please Print Name) understand and agree to adhere to the following training requirements. In order to receive unemployment benefits to which I may be entitled while in attendance in the (Training Program) I agree to: 1. Attend all scheduled classes; and report any absences by 4:00 p.m. Friday of the week the absence occurred to DUA Section 30 Unit by fax at 617-727-1797. 2. Inform DUA either by letter or in person if any problems occur which could affect my continuation in the training program. 3. Notify the DUA Section 30 Unit of any unscheduled breaks in training by phone 617-626-5375 or fax 617-727-1797. 4. Maintain satisfactory performance and full-time attendance in accordance with those standards set forth by the training facility and DUA. 5. Participate in the program training survey upon completion of the program. 6. Utilize resources which are available including resume assistance and job search activities through One-Stop Career Center offices, in addition to the facility's placement services whenever possible, upon completion of training. I acknowledge that I have received, read and understand all training duties and responsibilities, for myself, the DUA and the training provider. Further, I understand that failure to comply with these terms could result in a disqualification from benefits under the state training program. I hereby authorize DUA to request and receive school record information needed to verify enrollment, attendance, expected graduation date, or any other pertinent information.

(Student Signature) (Date)

# PART B: TRAINING PROGRAM INFORMATION FOR VOCATIONAL/TECHNICAL TRAINING (To Be Completed by the Training Facility)

Section 30 eligible programs must be completed within 2 years. If Basic Skills, i.e. ESL, GED or ABE is part of a vocational, technical or educational plan the program may exceed the 2-year maximum.

LICENSING -	- Is your school lice If yes, list the nan							oelow.	
	Name of			Lice	License Number  & Expiration Date:				
Name of Train				Q ZX	phation b				
Street Addres	<u> </u>								
City						State	Zip Code		
Unemployment	Insurance Employer I	D# (8 Digits) Fe	deral Employer II	O# (9 Digits)		Training PRC	)/MOSES cou	rse ID# (7 Digits)	
Name of Progra	am								
Please provide for the studer	e the exact dates (Nat's program.	Ло./Day/Yr.) Start Date:			Comple	etion Date:			
Days Per Weel	k:	Class Hours	Per Week:		_ Credit I	Hours (If Ap	plicable) _		
Is student tak	luring:   Day  Ing a combination  Indicate type of lite	of vocational/	technical trainii	least 20 ng and litera	hours per acy classe	week or 12 c s?     Yes	redit hours p	must take at per semester.	
•	of Training	,							
TRAINI	NG FACILITY A	GREEMEN'	Т						
We at(Name	of Training Facility)			agree to a	dhere to 1	the followir	ng training	requirements	
in order to all	OW (Name of Stude				to a	ttend the t	raining for	which	
s/he has regis	tered/will register.	nt)							
	Notify DUA Section 3 regularly scheduled o			/ 4:00 PM Frid	day if a stud	dent is abser	nt from any		
2. Agree to give data on student attendance immediately upon DUA Section 30 request.									
	•	rtify that the individual has met the minimum entrance requirements and the ability to successfully mplete the training program.							
(Signature of Ins	stitution Official)		(Title)				(Date)		
Print Name			Co	ntact Teleph	none #:				

### **COLLEGE PROGRAM INFORMATION** PART C: For Credit Courses or Certificate Programs (To Be Completed by the College) Section 30 eligible courses or certificate programs must be completed within 2 years. **STUDENT** - Last Name First Name M.I. Social Security Number: Name of Certificate or Degree Program (If degree, specify type - i.e., Associate's, Bachelor's, Master's etc.) Is Student FULL-TIME OR PART-TIME? ☐ ONLINE ☐ DAY ☐ EVENING Expected Degree/Certificate Completion Date: \_\_\_ Start Date: Total Number of Credits Required For This Certificate/Degree: Number of Credits Student Has Already Completed Towards Certificate/Degree: Number of Credits Remaining to Complete Certificate/Degree: \_\_\_\_\_\_ Annual Placement Rate into Training-Related Jobs: \_\_\_\_\_\_ % IN THE SPACES BELOW, RECORD THE NUMBER OF CREDITS THAT STUDENT PLANS TO TAKE EACH SEMESTER. To be considered full-time student must take at least 12 credit hours per semester. SEMESTER | START & END DATES (Month/Day/Year) | CREDITS SEMESTER | START & END DATES (Month/Day/Year) | CREDITS **FALL** FALL **SPRING SPRING** SUMMER 1 SUMMER 1 SUMMER 2 SUMMER 2 **FALL** FALL **SPRING SPRING** OTHER: OTHER: Name of School: Telephone No. Address: Name and Title of Signer: \_\_\_\_\_ APPLY SCHOOL SEAL OR STAMP HERE. FOR CAREER CENTER USE ONLY Claimant received assistance at: (Name of Career Center) \_\_\_\_\_ From: (Name of Job Specialist) Claimant applied for training funding assistance: Yes ■ No **FOR DUA USE ONLY Check Boxes That Apply** BYE: R.E.D. Application:

Commonwealth of Massachusetts Form 1622 Rev. 06-11

☐ Yes ☐ No

Meets 52 Wk. Filing Requirement for R.E.D. Benefits?

Worksearch Waiver: